

# Clinic or Idaho Preferred Space



## Gold Buckle Champion

Gold Buckle Champions... to further the education of equine health and safety while preserving our western heritage and history by means of promoting equine events incorporating the youth and community.

*Imagine the Champion in You*

**Clinician or Idaho Product (please print or type)**

**Details (Space Required or Time)**

Name		1.
Company		2.
Billing address		3.
City, State, Zip		4.
Telephone (cell)		5.
Telephone (business)		6.
Fax		7.
E-Mail		8.

### Vendor Information

I (we) would like to Display an Idaho Preferred Product \_\_\_\_\_.

Saturday March 19th only \_\_\_\_ for \$35.00 for a 2x8 skirted table

March 16-20 \_\_\_\_ 10x10 booth for \$150.00 Skirted table and power are additional \$50.00 for the week.

I (we) would like to donate a Product for the "Legends in the Making" Program totaling of \$ \_\_\_\_\_.

Please designate on back what you would like this to go to.

I (we) would like to be a Clinician free of charge \_\_\_\_\_ teaching \_\_\_\_\_.

Time required \_\_\_\_\_ Space Required \_\_\_\_\_

Additional Requirements. \_\_\_\_\_

I (we) plan to make this payment in the form of: \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Billing Zip Code	
Authorized signature	

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_ I (we) will send all logos and advertising media to [sueicha@idahocha.com](mailto:sueicha@idahocha.com) in 300 DPI or better resolution.

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

If mailing media, please mail unfolded, high quality or CD to the address below.

Please make checks, corporate matches, or other gifts payable to:

